MANAGED CARE CHECKLIST:
FILING CONTENT FOR RENEWAL ACCREDITATION APPLICATIONS

NOTE TO COMPANIES COMPLETING THIS CHECKLIST: ***Please include a completed checklist when submitting a renewal application. Please indicate if a requirement is not applicable (N/A) and explain the reason(s) why.***

Carrier Name: _____

NAIC #: _____

Contact Name & Title: _____

Address: _____

Telephone: _____

Fax: _____

Email Address: _____

Date Received: _____

Reviewed by: _____

Product Name & Form #: _____

_____

_____

_____

_____

Renewal application. According to 211 CMR 52.06(4)(a)-(j), "[a]ny carrier seeking renewal of accreditation under M.G.L. c. 176O must submit an application that contains at least the materials for Massachusetts described [below] . . . in a format specified by the Commissioner. Any carrier that contracts with another organization to perform any of the functions specified in 211 CMR 52.00 is responsible for collecting and submitting all of the materials from the contracting organization.

_____ (a) A filing fee of $500 made payable to the Commonwealth of Massachusetts;

_____ (b) A written attestation to the Commissioner that the utilization review program of the carrier or its designee complies with all applicable state and federal laws concerning confidentiality and reporting requirements;

_____ (c) A copy of the most recent survey described in 211 CMR 52.08(10);

_____ (d) A sample of every provider contract used by the carrier or the organization with which

the carrier contracts since the carrier's most recent accreditation;

_____ (e) A statement that advises the Bureau whether or not the carrier has issued new contracts, revised existing contracts, or after July 1, 2001, made revisions to fee schedules in any existing contract with a physician or physician group that impose financial risk on such physician or physician group for the costs of medical care, services or equipment provided or authorized by another physician or health care provider. If the carrier has made any of the specified changes, the carrier shall identify the contracts in which such changes were made and identify the sections of the contracts that comply with 211 CMR 52.12(4);

_____ (f) The evidence of coverage for every product offered by the carrier that was revised since the carrier's most recent accreditation;

_____ (g) A copy of the most recently revised provider directory used by the carrier;

_____ (h) Material changes to utilization review policies and procedures, internal grievance procedures and external review process, medical necessity guidelines, quality management and improvement policies and procedures, credentialing policies and procedures, preventive health policies and procedures, and each disclosure described in 211 CMR 52.14;

_____ (i) Evidence satisfactory to the Commissioner that the carrier has complied with 211 CMR 52.16; and

_____ (j) Any additional information as deemed necessary by the Commissioner."

Deemed Accreditation

According to 211 CMR 52.05(1)(a)-(c), "[a] carrier may apply for deemed accreditation. A carrier that applies for deemed accreditation may be deemed to be in compliance with the standards set forth in 211 CMR 52.00 and may be so accredited by the Bureau if it meets the following requirements:

_____ (a) It must be accredited by NCQA or URAC;

_____ (b) It must meet all the requirements set forth in M.G.L. c. 176O, 211 CMR 52.00 and 105 CMR 128.000; and

_____ (c) It must have received the ratings specified in 211 CMR 52.06(5)(c)-(e)."

According to 211 CMR 52.05(2)(a)-(c), "[f]or a carrier that applies for deemed accreditation,

_____ (a) If the carrier meets or exceeds the ratings identified in 211 CMR 52.06(5)(c), the carrier shall not be further reviewed by the Bureau for compliance with the standards set forth in 211 CMR 52.08 and 211 CMR 52.09 for that applicable period.

_____ (b) If the carrier meets or exceeds the ratings identified in 211 CMR 52.06(5)(d), the carrier shall not be further reviewed by the Bureau for compliance with the standards set forth in 211 CMR 52.10 for that applicable period.

_____ (c) If the carrier meets or exceeds the ratings identified in 211 CMR 52.06(5)(e), the carrier shall not be further reviewed by the Bureau for compliance with the standards set forth in 211 CMR 52.11 for that applicable period."

_____ According to 211 CMR 52.05(3), "[a] carrier shall not be eligible for deemed accreditation status if the national accreditation organization has revoked the carrier's accreditation status in the past twelve months or the accreditation status of an entity that currently contracts with the carrier to provide services regulated by M.G.L. c. 176O."

_____ According to 211 CMR 52.05(4), "[a] carrier that has applied for deemed accreditation and

that has been denied deemed accreditation shall be considered as an applicant for accreditation under 211 CMR 52.06(3) or 211 CMR 52.06(4). Denial of a request for deemed accreditation shall not be eligible for reconsideration under 211 CMR 52.07(5).*"*

_____ According to 211 CMR 52.05(5), "[i]f a carrier has received accreditation from a national accreditation organization or a subcontracting organization, with whom the carrier has a written agreement delegating certain services, has received accreditation or certification from a national accreditation organization, but under standards other than those identified in 211 CMR 52.06(5), the carrier may submit the documents indicating such accreditation or certification so that the Division may consider this in developing the scores described in 211 CMR 52.07(1)."

Application to be reviewed as a nongatekeeper preferred provider plan

_____ According to 211 CMR 52.06(6), "[a] carrier shall submit a statement signed by a corporate officer certifying that none of the carrier's insured plans require the insured to designate a primary care provider to coordinate the delivery of care or receive referrals from the carrier or any network provider as a condition of receiving benefits at the preferred benefit level."

Inapplicability of accreditation requirements. According to 211 CMR 52.02, "[a] carrier that provides coverage for limited health services only, that provides specified services through a workers' compensation preferred provider arrangement, or that does not provide services through a network or through participating providers shall be subject to those requirements of 211 CMR 52.00 as deemed appropriate by the Commissioner in a manner consistent with a duly filed application for accreditation as outlined in 211 CMR 52.06(2) [below]."

_____ "A carrier that provides coverage for limited health services only, that does not provide services through a network or through participating providers, or for which other requirements set forth in 52.06 are otherwise inapplicable may indicate within its application which of those items are inapplicable to its health benefit plan and provide an explanation of why the carrier is exempt from each particular requirement."
(211 CMR 52.06(2)(a))

_____ "A carrier that provides coverage for specified services through a workers' compensation preferred provider arrangement may provide evidence of compliance with 211 CMR 112.00 and 452 CMR 6.00 to satisfy the materials required by 211 CMR 52.06(3)(b),(e),(g),(h),(i),(j),(l), and (n). A carrier that provides coverage for specified services through a workers' compensation preferred provider arrangement may provide evidence of compliance with 211 CMR 112.00 and 452 CMR 6.00 to satisfy the materials required by 211 CMR 52.06(4)(d) and (g)."
(211 CMR 52.06(2)(b))